Casa Linding in 167 and Lithord of the protection appointed of the Avenue Page 1 of 1

	1. CIR/DIST/DIV. CODE 2. PERSON REPRESENTED IVEY, Landers						VOUCHER NUMBER					
3. MAG. DKT./DEF. NUMBER			4. DIST. DKT./DEF. NUMBER 1:04-010171-001			5. APPEALS DKT./DEF. NUMBER			6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGOR					9.	TYPE PER	SON REPRE	SENTED	10. REPRESENTATION TYPE (See Instructions)			
U.S. v. Ivey Other						Adult D	efendant	fendant (Criminal Case		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.												
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS BOURBEAU, MICHAEL C. Bourbeau and Bonilla						13. COURT ORDER					Attorney	
77 Central St. Second Floor Boston MA 02109					Prior Attorney's Name: Appointment Date: Because the above-named person represented has testified under oath or has							
(617) 250 6565					otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the							
Telephone Number: (017) 330-0303 14. NAME AND MAILING ADDRESS OF LAW FIRM(only provide per instru					attorney whose name appears in Item 12 is appointed to represent this person in this case,							
17. MARILLO GLID MARILLING ADDRESS OF DAY FIRM foully provide per instructi						Other (See Instructions)						
						Signature of Presiding Judicial Officer or By Order of the Court						
						Date of Order Nunc Pro Tunc Date						
						Repayment or partial repayment ordered from the person represented for this service at time of appointment.						
	CATEGORIES (Attach itemization of services with dates)				HOURS CLAIMED		TOTAL MOUNT LAIMED	MATH/TECH ADJUSTED HOURS	AD.	TH/TECH JUSTED JOUNT	ADDITIONAL REVIEW	
15.	a. Arraignment and/or Plea											
	b. Bail and Detention											
	c. Motion Hearings											
l n	d. Trial e. Sentencing Hearings f. Revocation Hearings											
С												
U U												
r t	g. Appeals Court h. Other (Specify on additional sheets)											
	(Rate per hour = \$) TOTALS:											
16.	a. Interviews and C											
O u t	b. Obtaining and reviewing records											
,	c. Legal research and brief writing										. "	
f	d. Travel time											
Cou	e. Investigative and Other work (Specify on additional sheets)											
1	(Rate per hour											
17.	Travel Expenses	-) TO g, meals, mileage, e	TALS:								
18.	Other Expenses		rt, transcripts, etc.									
19.	19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERV. FROM TO					20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION					ASE DISPOSITION	
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you or to your knowledge has anyone else, received nayment (compensation or anything or valve) from any other source in connection with this												
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? I swear or affirm the truth or correctness of the above statements.												
Signature of Attorney:						Date:						
23.	IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL					ENSES	NSES 26. OTHER EXPENSES 27. TOTAL AMT. A			AMT. APPR / CERT		
28.	28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					DATE 28a. JUDGE/MA			E / MAG. JUDGE CODE			
29.	9. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVE					ENSES				AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.							DATE			34a. JUD	GE CODE	